

State Health Plan Advantage	State Health Plan <i>PPO</i> <i>(does not apply to members represented by MSPTA T-01)</i>		HMO benefits
	In-network	Out-of-network	

**Preventive services - \$500 max
for 2003; \$750 max for 2004**

Health maintenance exam	Covered with Multiphasic Screening Benefit. Services provided by personal care physician up to \$114. Employee and spouse only.	Covered – 100%, one per year	Not covered	100% covered after \$10 office visit co-payment
Annual Gynecological Exam	Covered 90% after deductible	Covered 100%, one per calendar year	Not covered	100% covered after \$10 office visit co-payment
Pap smear screening – laboratory services only *	Covered 100%	Covered – 100%, one per year	Not covered	100% covered after \$10 office visit co-payment
Well-baby and child care	Covered 90%, after deductible	Covered – 100%	Not covered	100% covered after \$10 office visit co-payment
Immunizations, annual flu shot and Hepatitis C screening for those at risk	Covered 90% after deductible for children & infants only. Flu shots – at risk only. Hepatitis screening not covered.	Covered – 100%	Not covered	100% covered after \$10 office visit co-payment
Fecal occult blood screening *	Covered 100% according to American Cancer Society guidelines. One every year starting at age 50 ¹	Covered – 100%	Not covered	100% covered after \$10 office visit co-payment
Flexible Sigmoidoscopy *	Covered 100% according to American Cancer Society guidelines; schedule depends on test results; start at age 50 ¹	Covered - 100%	Not covered	100% covered after \$10 office visit co-payment
Colonoscopy *	Covered 100% ¹	Covered - 100%	Not covered	100% covered after \$10 office visit co-payment
Prostate specific antigen screening *	Covered 100% according to American Cancer Society guidelines. One every year starting at age 50.	Covered – 100% one per year	Not covered	100% covered after \$10 office visit co-payment

Mammography *

Annual mammography screening	Covered 100% according to American Cancer Society guidelines. One every 5 years ages 35-39, annually age 40 and up.	Covered – 100%	90% after deductible	Covered – 100%
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* American Cancer Society guidelines apply

¹ For all employees except bargaining unit T-01 (MSPTA).

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Physician office services

Office visits, consultations & urgent care visits	Covered 90% after deductible	Covered – \$10 copay	90% after deductible	\$10 co-payment.
Outpatient and home visits	Covered 90% after deductible	Covered – 100% after deductible	90% after deductible	\$10 co-payment

Diagnostic services

Laboratory and pathology tests	Covered 100%	Covered – 100% after deductible	Covered – 90% after deductible	Covered – 100%
Diagnostic tests and x-rays	Covered 100%	Covered – 100% after deductible	Covered – 90% after deductible	Covered – 100%
Radiation therapy	Covered 100%	Covered – 100% after deductible	Covered – 90% after deductible	Covered – 100%

Maternity services- (includes care by a certified nurse midwife)

Pre-natal and post-natal care	Covered 90% after deductible	Covered – 100% after deductible	Covered –90% after deductible	Office visit: \$10 co-payment.
Delivery and nursery care ²	Covered 100%	Covered – 100% after deductible	Covered –90% after deductible	Covered – 100%

Hospital care

Semi-private room, inpatient physician care, general nursing care, hospital services and supplies ³	Covered 100% up to 365 days	Covered – 100% after deductible, unlimited days	Covered – 90% after deductible, unlimited days	Covered – 100%, unlimited days
Inpatient consultations ³	Covered 100%	Covered – 100% after deductible	Covered – 90% after deductible	Covered – 100%
Chemotherapy	Covered 100%	Covered – 100% after deductible	Covered – 90% after deductible	Covered – 100%

Alternatives to hospital care

Skilled nursing care- up to 120 days per confinement (730 days for UAW and MSPTA)	Covered 100%	Covered – 100% after deductible	Covered – 90% after deductible	Covered – 100%, up to 730 days
Hospice care	Covered 100% to 210 days/lifetime	Covered – 100% Limited to the lifetime dollar maximum that is adjusted annually by the state		Covered – 100%
Home health care	Covered 100% to 120 visits per calendar year	Covered – 100% after deductible, unlimited visits		Covered – 100%

¹ Emergency room and physician charges are covered 100% under the Catastrophic Health Plan. Ambulance is covered \$25 maximum.

² Delivery and well baby care in the hospital are covered 100% under the Catastrophic Health Plan.

³ Inpatient hospital services are covered 100% under the Catastrophic Health Plan.

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Surgical services

Surgery – includes related surgical services ¹	Covered 100%	Covered – 100% after deductible	Covered – 90% after deductible	Covered – 100%
Voluntary sterilization	Covered 100%	Covered – 100% after deductible	Covered – 90% after deductible	Covered – 100%

Human organ transplants

Liver, heart, lung, pancreas and other specified organ transplants - covered in designated facilities only	Covered 100% in designated facilities only. Up to \$1 million lifetime maximum for each organ transplant	Covered – 100% after deductible Up to \$1 million maximum per transplant type		Covered – 100%, in designated facilities
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Organ and tissue transplants

Bone marrow — specific criteria apply	Covered 100% specific criteria applies	Covered – 100% after deductible	Covered – 90% after deductible	Covered – 100% in designated facilities
Kidney, cornea and skin	Covered 100%	Covered – 100% after deductible	Covered – 90% after deductible	Covered – 100%, subject to medical criteria

Other services

Allergy testing and injections	Covered 100%	Covered – 100% after deductible	Covered – 90% after deductible	Office visits: \$10 co-payment; Injections: 100% covered.
Acupuncture	Covered 90% after deductible, only if performed by M.D., D.O.	Covered - 90% after deductible if performed by or under the supervision of a M.D. or D.O.		Check with your HMO
Rabies treatment after initial emergency room visit	Not covered	Covered – 100% after deductible	Covered – 90% after deductible	Office visit: \$10 co-payment. Injections: 100% covered.
Chiropractic spinal manipulation	Covered 90% after deductible	Covered – 90% after deductible Up to 24 visits per calendar year		Office visit: \$10 co-payment.
Durable medical equipment	Covered 90% after deductible	Covered – 90% after deductible		Covered 100%
Prosthetic and orthotic appliances	Covered 90% after deductible	Covered – 90% after deductible		Covered 100%
Private duty nursing	Covered 90% after deductible	Covered – 90% after deductible		Covered 100%
Wig, wig stand, adhesives	Not Covered	Upon meeting medical conditions, eligible for a lifetime maximum reimbursement of \$300. (Additional wigs covered for children due to growth.)		Check with your HMO.

¹ Inpatient hospital services are 100% covered after deductible under the Catastrophic Health Plan.

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Outpatient physical, speech and occupational therapy (combined maximum of 60 visits per calendar year)

Outpatient physical, speech & occupational therapy - facility and clinic services	Covered 90% after deductible	Covered – 100% after deductible		Covered 100%
Outpatient physical therapy-physician's office	Covered 90% after deductible	Covered – 100% after deductible	Covered –90% after deductible	Office visit: \$10 co-payment

Deductible, copays and out-of-pocket dollar maximums¹

Deductible	\$300 per member \$600 per family ²	\$200 per member \$400 per family	\$500 per member, \$1,000 per family	None
Copays • Fixed dollar copays	Not Applicable	\$10 for office visits, office consultations and urgent care visits	Not applicable	\$10 for office visits \$50 for emergency room visits, if not admitted
• Percent copays	10% copay for most services	10% for DME, prosthetic & orthotic appliances and private duty nursing, chiropractic, acupuncture	10% for most services	None
Annual out-of-pocket dollar maximums ³	\$1,000 per member, no family limit	\$1,000 per member/ \$2,000 per family	\$2,000 per member \$4,000 per family	None

Please see Section 4 of the booklet regarding Mental Health/Substance Abuse and prescription drug benefits.

¹ The deductible for the Catastrophic Health Plan is 1-month salary/person and 1 1/2 month salary/family maximum.

² Bargaining Unit T-01 (MSPTA) has a \$150/\$300 deductible.

³ The out-of-pocket limit does not apply to member co-payments for chiropractic.